B62/20/986

Control your high blood pressure!

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TREAT yourself TO LIFE

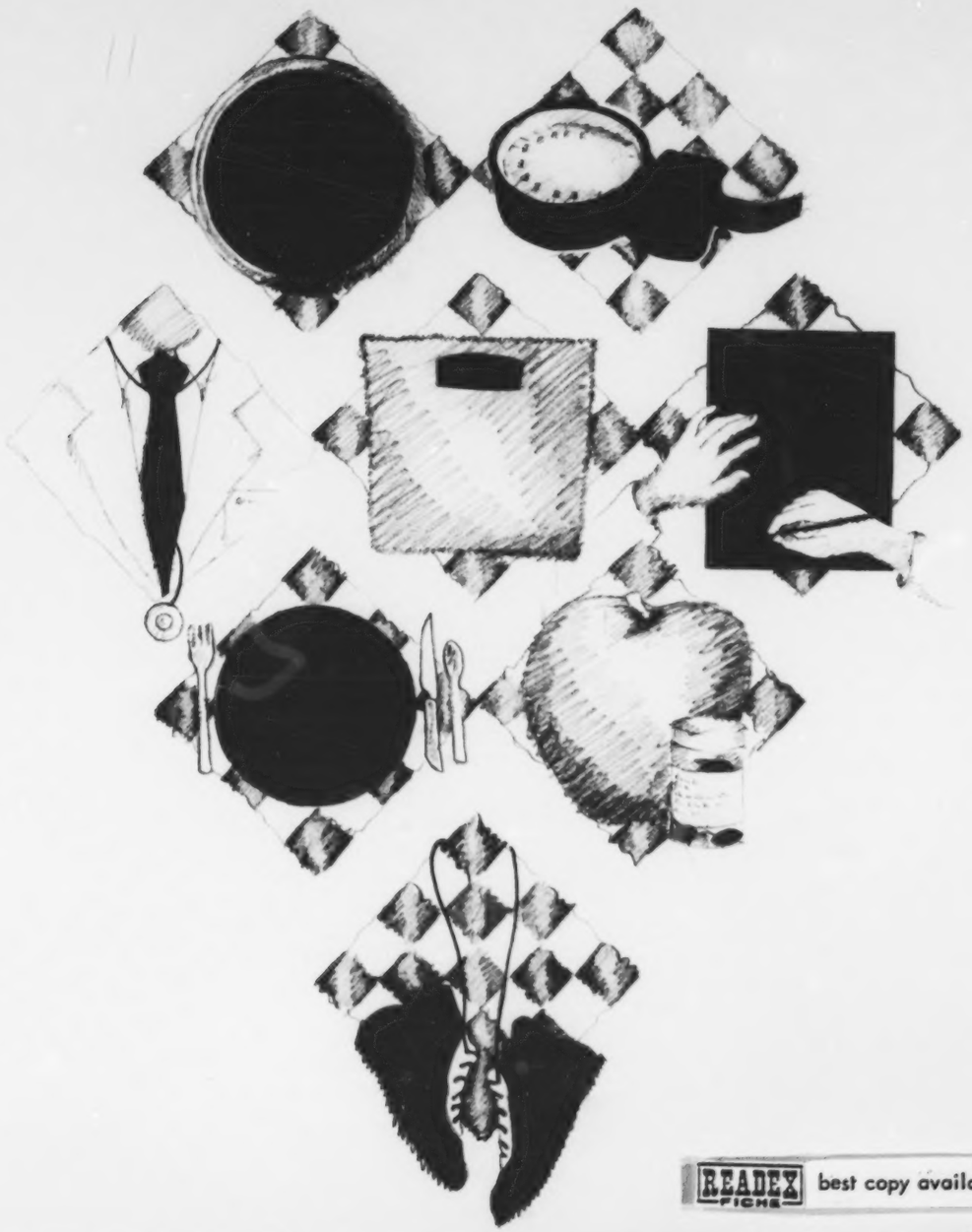
U.S. Department of Health and Human Services

Public Health Service
National Institutes of Health

National Heart, Lung, and Blood Institute

National High Blood Pressure Education Program

Reusable Reproducibles



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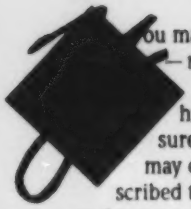
TIME FOR A CHANGE



You may have been told — more than once — that you have high blood pressure. Your doctor may even have prescribed treatment. But you've never gotten around to following it: cutting down on salt, taking the pills, or losing those extra pounds. There was always tomorrow, lots of time ahead to get serious about reducing your blood pressure.

But now you're ready to take action. For reasons of your own — and those are the best ones — you've decided to do it. Well, what next? Here are some tips on *how* to get on track and start working with your doctor and other health professionals to get your blood pressure down.

1. Get in Touch

- If you skipped your last doctor's appointment, *don't waste time feeling guilty.* Forget the past, and look ahead. Set a new date for an office visit.
- When you walk in, simply say that you're ready *now* to control your high blood pressure. Then ask your doctor and nurse to help.

2. Set a Goal

- Along with measuring your blood pressure and telling you the reading, the doctor will have a goal blood pressure level for you to reach as you stay on your treatment.
- How long? You may want to know *when* you can expect to reach your goal. Feel free to ask, but keep in mind that every person is different. For example, it may take several weeks or months to reduce your craving for salty foods, lose weight, or find the right dosage of medication for you.

3. Start Small

- Think big, but start small. It's unrealistic to expect success with *several* changes at once. Pick *one* and work on it until you've mastered it. Then add a second, and so on.

4. Speak Up

- Ask questions. If you do not understand exactly what you are expected to do or *how* to go about it, find out. Ask your doctor or nurse to give you *written* instructions before you try to go ahead with your regimen.
- If you have unwanted effects from any aspect of your treatment, describe them to your health professional. Dosages can be adjusted, or another drug can be substituted for the one causing the problem.

5. Keep at It

- Leave room for adjustments. If the first medication prescribed does not lower your blood pressure, your doctor may add or substitute another one. In that case, your body will need additional time to adjust. Also, your new pills may require a different schedule.

6. Reap the Rewards

- Listen for words of praise. In between the blood pressure measurements and the problem-solving with your health care professionals, be alert for positive signs that you *are* succeeding. For example, a reduction in blood pressure since your last visit or remembering every dose of your medication for a whole week are solid achievements, and you deserve credit. Involve a support network who will celebrate your achievements with you.
- Treat yourself well for succeeding. Find ways (besides eating, smoking, or drinking) to reward yourself for doing a good job. Mark every "milestone" along the way with a treat — something special you like to do. The more milestones you set up, the more rewards you'll earn.
- Enjoy controlling your high blood pressure. Consider yourself a winner for making the changes needed to control your blood pressure. When you reach that goal pressure — or as close to it as your doctor thinks you can come — celebrate! You deserve it, and you'll benefit for a lifetime.

1. Set realistic goals

An average weight loss of 2 pounds per week is terrific! Don't expect to lose pounds you gained over 2 years in 2 months. It's a set-up for disappointment.

2. Planning means control

If you plan a whole day's meals and snacks in advance, you are less likely to stray and overeat. You will feel — and be — in control.

3. Find new rewards

Make a list of the things you enjoy but never seem to have time to do. Then use them to reward yourself when goals are met. Reward yourself *often.*

4. Discipline, not despair

If you can't live without certain foods, learn to eat them *in moderation.* Hint: If ice cream is too tempting to keep on hand, walk to the store to buy a single scoop.

5. Make mealtime a pleasure in itself

Try to eat without the company of television, radio, or telephone. If you always eat while doing something else, eventually that other activity may "remind" you to eat even when you are not really hungry. Set the table, light the candles, and *enjoy* your meal.

6. Relax a minute before you eat

Take a moment to think about the meal you are about to eat, then eat it slowly.

7. Uninterrupted eating leads to overeating

Pause during your meals. Put down the fork between bites, or take sips of water to break your eating "rhythm."

8. Beware of salad bars

Fresh vegetables *are* good choices, but ladles full of salad dressing can turn them into a high-calorie choice. Try using vinegar or lemon on your salad, or ask if low-calorie dressing is available.

9. Look carefully at "low-calorie specials"

A "dieter's plate" consisting of a beef patty and cottage cheese may contain more calories than a chicken salad sandwich and leave you feeling less satisfied.

10. How many calories do you drink?

Beverages contain calories just as solid foods do. Remember to count them as part of your daily intake.

CARDIOVASCULAR BENEFITS OF REGULAR

Can vigorous exercise improve your cardiovascular health? Research findings demonstrate a real antihypertensive effect from regular dynamic exercise. People who exercise regularly and are physically fit develop increased stamina and greater resistance to fatigue. Furthermore, the bones, joints, lungs, body weight, blood sugar, emotional stability, and, most importantly, blood pressure of persons engaging in regular exercise all stand to benefit.

Physical fitness is achieved through programs of sustained dynamic (aerobic) exercise — swimming, fast cycling, aerobic dancing, rope jumping, jogging, and other activities that increase the heart and breathing rates. Twenty minutes of this type of exercise everyday can bring measurable rewards after just a few weeks. On the other hand, intense isometric exercise may cause an awesome rise in blood pressure with potential for vascular damage. Weightlifting and other "pumping iron" types of exercise are not recommended for persons with high blood pressure.

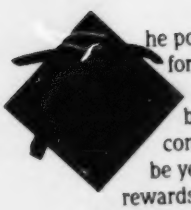
Hypertensives who perform dynamic exercise repetitively under a physician's surveillance can reach the "conditioned" state and will usually achieve the slower resting heart rate that is of long-term benefit to the cardiovascular system. Additional rewards can be gained from this type of physical fitness.

- The slower the heart rate, the longer the heart can rest between beats. The heart of a well-conditioned person, beating just 45 to 50 times a minute, can pump the same amount of blood as the heart of an unconditioned person beating 70 to 75 times a minute.
- The muscle of the heart's main pumping chamber enlarges and beats more forcefully so that more blood is pumped out with each heartbeat — thus the heart becomes a more efficient pump.
- The number of small blood vessels that supply the outlying muscles increase, and the blood volume carried by these enhanced capillaries may increase by as much as 60 percent.

As a result of these and other healthy changes in the cardiovascular system, the blood pressure rises less during the actual exercising periods than it would otherwise, and the resting blood pressure also may be lower. As a further reward, exercise helps people lose pounds of heart-straining body fat, which in turn can lower the blood pressure in many people.

Finally, people who take up exercise tend to make other positive lifestyle changes. For instance, they may stop smoking; decrease their consumption of sodium, fats, and alcohol; and even moderate stressful behavior patterns.

All of these changes are beneficial. They protect against the development of high blood pressure, reduce cardiovascular disease, and add to life's enjoyment.



The potential rewards for conducting a successful high blood pressure control program can be yours. Many of the rewards will be personal in nature, such as the satisfaction of a job well done. But here are some you may not have thought of:

- contributing to improving the public health of the Nation by helping to reduce the risk of cardiovascular events, stroke, heart disease, and kidney failure;
- illustrating your program's effectiveness to funding agencies and other supporters;
- enjoying favorable media attention in your community for operating an effective program;
- benefitting from collegial contacts outside your organization made in the joint effort to control high blood pressure in your locality; and
- receiving the thanks of others for your professional skills and abilities.

Participate with others in the local community to set common goals for achieving high blood pressure control among treated hypertensives who have not yet achieved goal blood pressure. Establish local standards for procedures and techniques; develop protocols; divide the service delivery responsibilities; and agree on patient education content, materials, and activities. And don't forget to build in a way to evaluate your services. Then enjoy the biggest reward — the satisfaction of knowing that your efforts do make a difference.

HYPERTENSIVE Patients

Every person who controls high blood pressure has found good reasons for following their prescribed treatment. Here are some rewards you may expect as you work to lower your blood pressure:

- less risk of stroke, heart failure, or kidney failure;
- a sense of well-being from knowing you are taking care of yourself;
- reassurance for your loved ones that you are investing in a healthier future;
- success with new habits that help lower your high blood pressure (e.g., reducing sodium or calorie intake and remembering to take *all* your medication every day); and
- satisfaction that comes from reaching the goal blood pressure set by you and your doctor.

Use these reasons — or think of others that are important to you — for deciding to stay on treatment and get that blood pressure down.

Whatever your treatment for high blood pressure — dietary changes, weight loss, exercise, daily medication, or a combination of these — following *all* elements of your treatment *every* day will pay off in your favor.

And when you succeed — with dietary changes or pill-taking schedule — treat yourself well! Find some special activity or break from your routine to reward yourself, and do it often.

NEW PUBLICATION

REVISED NHBPEP STATEMENT ON DEVICES USED FOR SELF-MEASUREMENT OF BLOOD PRESSURE

The state of the art regarding devices for the self-measurement of blood pressure is represented in this newly released statement available from the National High Blood Pressure Education Program (NHBPEP), 120/80 National Institutes of Health, Bethesda, Maryland 20892.

In view of increased public awareness about these devices, new information available on their use and accuracy, and increasing professional interest in ambulatory or 24-hour blood pressure monitors, a working group was convened to update and expand the 1980 NHBPEP *Statement on Blood Pressure Measurement Devices Used by Consumers.*

The 1985 statement addresses the use and accuracy of noninvasive and ambulatory monitors as well as of portable home devices and stationary automated machines. Major findings follow.

- Nonelectronic mercury and aneroid home blood pressure measurement devices that are used in conjunction with a standard stethoscope are considered reasonably accurate.
- Digital readout (electronic) home blood pressure monitors are considered sufficiently accurate for home use in most instances if patients and clinicians responsible are aware of the potential problems involved in their use.
- The reliability of stationary or coin-operated devices is considered limited. Users of these devices are encouraged to talk to their doctor before taking any action as a result of a blood pressure reading on one of these machines.
- Ambulatory monitoring systems are still considered investigational as their clinical usefulness remains undetermined. Furthermore, these systems are not intended as a routine, practical, or cost-effective means for monitoring the majority of patients being treated for essential hypertension. Ambulatory systems are recommended for use in a *selected number* of patients only.

The new statement expresses both the benefits and concerns regarding the use of these three types of devices. Benefits for the *general public* include the importance of the devices in finding previously unaware hypertensives and in diagnosing those with borderline pressures. Concerns include the improper interpretation of readings and false self-diagnoses of high blood pressure. Benefits for the *hypertensive patient* include more active involvement of family members in the treatment program and enhancement and simplification of the treatment program. In addition, self-measurement may initially obviate the need for more frequent office visits during the therapy adjustment period. Concerns for the diagnosed hypertensive include inappropriate self-adjustment of therapy, over-consciousness of blood pressure readings, and inaccurate readings as a result of improper use of the equipment.

Recommendations for use of self-measurement devices are summarized below.

- Users of home or stationary devices must be provided with information about where to follow up on an elevated reading.
- Complete written instructions on how to measure blood pressure must accompany equipment.
- The clinicians who recommend home measurement must provide or arrange for patient instruction in measurement, calibration, and record-keeping techniques and must make an effort to help in the selection of accurate and reliable equipment.

The information contained in the statement will be helpful to the general public, the hypertensive patient, and the clinician.

REVISED NHBPEP STATEMENT ON HYPERTENSION IN THE ELDERLY

Epidemiologic data indicate that elevated systolic blood pressures as well as diastolic elevations are associated with increased morbidity and mortality. In addition, in the United States and other western industrial countries, the prevalence of isolated systolic hypertension increases with age. Currently, a growing body of evidence indicates that elderly hypertensives benefit from treatment, and are well able to tolerate therapy for uncontrolled hypertension. Therefore, the questions of when and how to treat hypertension in persons over age 65 take on even greater importance. Consequently, the National High Blood Pressure Education Program (NHBPEP) convened a working group in 1984, chaired by Ray Gifford, M.D., to examine results of recent clinical trials and other intervention studies and to develop consensus statements on the following topics:

- the levels of diastolic and systolic blood pressure warranting the initiation of treatment (both nonpharmacologic and pharmacologic therapy) in elderly patients;
- goal blood pressures for people over age 65;
- recommendations concerning the antihypertensive drugs of choice and appropriate dosages for elderly patients;
- the accuracy of indirect blood pressure measurements in the elderly;
- the frequency of the side effects of treatment in elderly patients and the effects of treatment on longevity and the quality of life.

The newly released NHBPEP *Statement on Hypertension in the Elderly* revises and expands a 1980 policy statement.

Available from: NHBPEP, 120/80 National Institutes of Health, Bethesda, Maryland 20892.

HEALTH EDUCATION IN HIGH BLOOD PRESSURE CONTROL

Results from controlled clinical studies have demonstrated that a planned health education program can help reduce morbidity and mortality associated with uncontrolled high blood pressure. This working group recently prepared several documents to help practicing clinicians develop planned health programs.

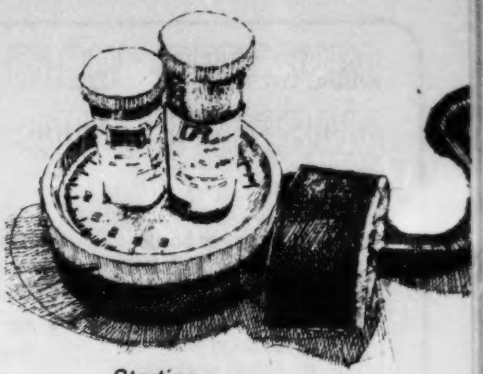
The first document defines the position of the National High Blood Pressure Education Program (NHBPEP) with respect to the role of health education in the care and treatment of hypertensive patients. The NHBPEP Coordinating Committee endorsed this position statement at its September 1985 meeting.

The second publication is a series of algorithms designed to assist physicians in planning health education programs to help control high blood pressure.

The third publication reviews the scientific evidence of the state of the art in health education regarding high blood pressure control. It addresses therapy maintenance and educational approaches to reducing associated risk factors. This document is appropriate for publication in the scientific literature.

Available from: NHBPEP, 120/80, National Institutes of Health, Bethesda, Maryland 20892.

YOU AND YOUR MEDICINE



It's Up to You

Your doctor has prescribed medicine to control your high blood pressure, but it's up to you to take the medicine every day. Do you know how important it is to stay on lifelong treatment? Untreated high blood pressure can cause heart failure, stroke, or kidney damage.

The doctor has prescribed a treatment plan that is right for you. Using home remedies like herbs or depending only on a "healer" instead of following your doctor's advice will not control your blood pressure. Become a partner with your doctor, working together for a longer and healthier life.

If you are not ready to take an active part in controlling your blood pressure, take some time to discuss the reasons with your doctor.

Remember Treatment Regimen

In this pamphlet, you will find ways to make taking your medication easier. By understanding how to fit your medication into your daily schedule, it will be easier for you to reach your goal blood pressure. You will be advised to take your medicine on a regular schedule. But how do you do that? How do you remember to take your pills at the right time every day? It will mean developing new habits and adjusting your lifestyle. There are a number of ways to form a medication-taking routine. Many of them can fit comfortably into your daily life.

Let's start by writing down your medication and schedule below. Ask your doctor or nurse to help. Under "A," list *every* high blood pressure medication and any other medicines you take. Under "B," circle the number of times each day you take each medication. Under "C," write the purpose of each medication.

A. MEDICATION The names of the pills I take are:	B. DOSAGE	C. PURPOSE
_____	1 2 3 4 times a day	_____
_____	1 2 3 4 times a day	_____
_____	1 2 3 4 times a day	_____
_____	1 2 3 4 times a day	_____
_____	1 2 3 4 times a day	_____
_____	1 2 3 4 times a day	_____

There may be a lot to remember about your medication and the schedule for taking it. Because everyone's daily activities are different, it is best to fit your medication schedule into your personal routine. The chart below can help you select daily activities that you can do together with taking your high blood pressure medication.

D. *Check the activities you remember to do every day (7 days a week).*

_____ Brush my teeth
_____ Eat breakfast
_____ Wash my face
_____ Eat lunch
_____ Shave
_____ Watch television
_____ Eat dinner

_____
(Other)

_____
(Other)

E. *Fill in ways you could use each activity to remember to take your pills (follow the examples).*

Put my pills next to my toothbrush _____

_____

_____

_____

Put my pills on the dinner table _____

_____

_____

Starting

Now that you have named your daily activities, choose one or two and use them to start a new habit. If one activity does not help you remember your medication, try another. You will find that certain activities fit into your schedule and suit your personal needs better than others.

Staying on Track

Now you've decided to take your medication. You've made a start. Great! But there's more to it than just deciding to take your pills. There will be some problems to overcome, such as remembering to refill your prescription or planning ahead to take your medication with you when you're away from home. Sometimes you may forget to take your medication, or you may feel like stopping altogether. Don't give up! You're building a new habit, and that takes time.

If you miss one or more doses, call your physician for instructions to get back on schedule. A short-term change in the dosage may be required if you've been off your medication for any period of time. *Do not take extra doses for the ones you missed.*

Helpful Reminders

The following tips can help remind you to take your medication.

- Make a note on your calendar to take your medication every day.
- Leave notes on your night table, desk, refrigerator, and other noticeable places.

- Keep a pill box or bottle with a one-day medication supply in your pocket or purse so you'll always have your medication with you (i.e., shopping, working, other activities).
- Tell family members that you need their help to control your high blood pressure. Ask them to remind you to take your medication every day.
- Before traveling, check your medication supply. Be sure to carry it in your hand luggage.

Possible Side Effects

When you begin taking medication for the first time, you may notice changes. The doctor has probably told you what to expect. If you notice other changes such as weakness, do not stop taking the medicine, but be sure to tell your doctor. Your dosage or medication can be changed. Then, you and your doctor can find the medication that is right for you.

Don't Forget to Refill

To control your blood pressure, you will have to take your medication every day no matter how you feel. This means you cannot let the prescription run out. Here are some suggestions to help you remember to refill your prescription.

- Each time you refill your prescription, note on your calendar when it will need to be filled again.
- Circle the date your prescription is to be refilled on the enclosed medication calendar.
- As a reminder, put your almost-empty medication bottle where you will see it.
- Be sure to refill your prescriptions before leaving on a vacation or business trip.
- Ask your pharmacist if there is an available system for reminding you to refill your prescription, such as a reminder postcard or telephone call.

Selecting a Pharmacy

By choosing a pharmacy that meets your personal needs, you can simplify your medication-taking routine. Here are some factors to consider when deciding on a pharmacy:

A. *Many pharmacies offer special services.*

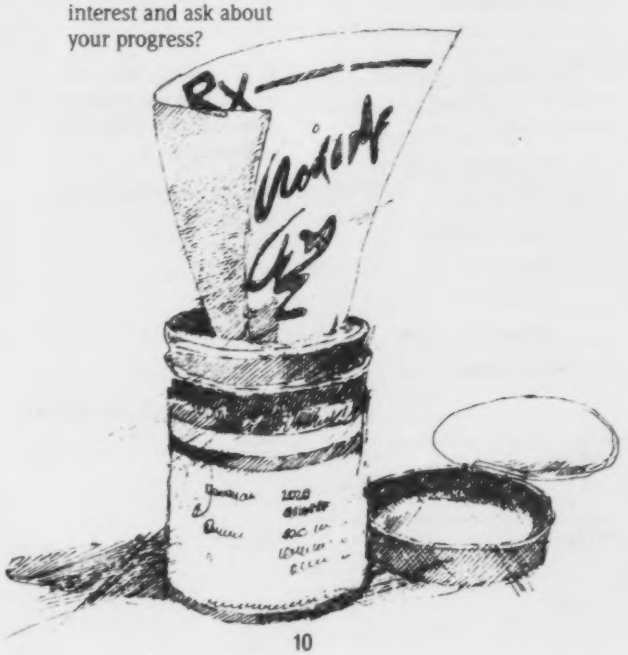
- ____ Does the pharmacist offer advice on medications?
- ____ Does the pharmacy offer counseling and health information?
- ____ Does the pharmacy provide educational materials, such as written instructions about your medicine?
- ____ Does the pharmacist show personal interest and ask about your progress?
- ____ Does the pharmacy have delivery or mail service?
- ____ Does the pharmacy have a credit service?
- ____ Does the pharmacy offer special discounts?
- ____ Does the pharmacy offer a generic alternative to your prescription?

B. *Convenience may be a concern when filling prescriptions.*

- ____ Is there a pharmacy near your home?
- ____ Is there a pharmacy near your job?
- ____ Is there a pharmacy in a nearby shopping center?
- ____ Is there a pharmacy at your doctor's office or clinic?

C. *Compare the pharmacy's business hours with your personal schedule.*

- ____ Is the pharmacy open early in the morning?
- ____ Is the pharmacy open late at night?
- ____ Is the pharmacy open at convenient hours on weekends?



Considering the Budget

Because high blood pressure treatment requires continuous medication, you may want to consider ways of saving money.

- Ask your doctor about combination medicines. More than one medication can be put together in one pill. These combined medicines may be less expensive than the cost of single medications and may require fewer prescriptions to be filled.
- Check with your local social services office. You may be eligible for Medicaid or other benefits. These services can help you with your medication expenses.
- If you are age 65 or older, some stores will give you discounts. Ask your pharmacist if this service is available.

Reviewing the Facts

High blood pressure cannot be cured, but you can control it by remembering to take your medication every day. By building reminders into your daily routine, you can develop the habit of taking your pills on time. Choose a pharmacy that meets your personal needs. The pharmacist can also help with your medication-taking schedule. Compare convenience, prices, and services.

If you think you're experiencing unwanted side effects from your medication, discuss them with your doctor. Your medicine or your dosage can be changed. By working together with your doctor, you can reach your goal blood pressure and live a healthy and active life.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE
National Institutes of Health

NATIONAL HIGH BLOOD PRESSURE EDUCATION PROGRAM

TO: ***Participants, 1986 National High Blood Pressure Month***

FROM: ***Ed Roccella, Coordinator, National High Blood Pressure Education Program***

Since 1972, the National High Blood Pressure Education Program (NHBPEP) has produced materials for mass media campaigns, an important part of the Program's consumer education effort. The campaigns include television, radio, and print public service announcements (PSAs). Through the years, the NHBPEP campaign themes have changed to reflect improvements in awareness, treatment, and control rates of high blood pressure.

In the early 1970s, only half of all hypertensives were aware that they had high blood pressure. Thus, the early media campaigns focused on increasing public awareness, stressing detection among all populations. As awareness and detection levels began to increase, message strategies shifted to focus on the importance of adhering to treatment.

Based on the latest data on prevalence, compliance, and awareness, the 1985-86 mass media campaign — High Blood Pressure: Treat It For Life — addresses the following:

- Issue:
  Therapy maintenance/adherence
- Target Audiences:
  Sex: Primary — Males (aware hypertensives); Secondary — Females (aware hypertensives)
  Race: Blacks, Whites, and Hispanics
  Age: Younger (25-40); Older (40-55); Emphasis on blue-collar workers
- Target Behavior:
  Those who have stopped treatment or are adhering to only part of their treatment or are following their treatment sporadically

This year's radio and television PSAs will be distributed in two seasonal waves — fall/winter 1985 and early spring 1986 to coincide with National High Blood Pressure Month — by a local distribution network, managed by a media director in each state. Participating organizations will place their program name on the radio and television spots and will distribute campaign materials personally to their local stations. Many of the PSAs and other NHBPEP materials — such as special radio and television programming kits, posters, and print ads — also can be integrated into ongoing educational activities.

If you are interested in using the PSAs in your program or if you would like to help place the PSAs on local television or radio, please contact the media director in your area (see attached list of state media directors). If your state has no current media director, or if you have other questions about the NHBPEP mass media effort, contact Ms. Lee McConaughy, Mass Media Distribution Coordinator, NHBPEP, 3240 Prospect St., N.W., Washington, D.C. 20007, (202) 342-7038.

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PUBLIC SERVICE Announcements

LIVE ANNOUNCER COPY

WATCHING IT :30

Man 1: Hey, want some of these fries?

Man 2: Can't handle fries, man.

Man 1: What're you talkin' about? You gotta be hungry. We ran five miles then went one on one for an hour.

Man 2: Still gotta watch what I eat.

Man 1: C'mon, you're in great shape.

Man 2: Yeah. But there's enough salt on those fries to make my pressure rise.

Man 2: I gotta watch my high blood pressure all the time. I gotta take my pills and watch my weight and the salt everyday.

Man 1: Well, you must be watchin' it right. Nobody beats me one on one — 'cept you.

Announcer: High blood pressure. Treat it for life. A message from the National High Blood Pressure Education Program.

MOTHER AND WOMAN :20

Woman: I take care of my home and family the same way I take care of my high blood pressure — *every single day.*
I take my pills, watch my weight, and cut down on salt. My home and my family mean a lot to me — And that's why I take care of me. . . and my high blood pressure.

Announcer: High blood pressure. Treat it for life. The National High Blood Pressure Education Program.

TALK TO YOUR DOCTOR :20

Announcer: If you're hav!ng a problem with your high blood pressure pills, don't stop taking them. Start talking to your doctor so your doctor can take care of it. After all, your doctor is there to help you. Don't create a bigger problem by not taking your pills. A good talk with your doctor will make you feel a lot better.

The National High Blood Pressure Education Program.

PSA #1 0:20

(CITY/ORGANIZATION) HEALTH FAIR

It's May — National High Blood Pressure Month and the perfect time to learn more about controlling high blood pressure in your family. The (organization) makes it easy with a health fair on (day and date) from (time).

Stop in — a small effort can make a big difference. Or call (telephone number) for more information.

PSA #2 0:30

JOIN THE CONTROLLED GROUP

Did you know that over (number) people in (city) suffer from high blood pressure? This is a serious condition that, left untreated, can lead to heart attack, stroke, kidney disease, or death.

But the (organization) has good news! By following your treatment daily, you can join the (number) of your neighbors who treat themselves to life by controlling their blood pressure. We can help. Call us at (telephone number) for more information.

NEWS RELEASE

FOR IMMEDIATE RELEASE

or

FOR RELEASE: (date and time)

CONTACT: (name)

( ) (telephone number)

CITIZEN ALERT: IT'S TIME TO CONTROL HIGH BLOOD PRESSURE

(State/county/city) citizens are alerted by the health department to have their blood pressure checked during May, National High Blood Pressure Month.

According to (name of local health professional), (number) percent of the area's adult population suffers from high blood pressure, or hypertension, and are unaware of their condition. Of those who are aware, only (number) percent have their condition under control. These figures show marked improvement since 1976, but officials say intense efforts are necessary to further progress, according to (local spokesperson).

"The first step in improving control rates is to educate the public," (name) says. "When people understand what high blood pressure is and how serious its effects can be, they tend to get on treatment and bring their condition under control. We offer detection, follow-up, and counseling programs to identify the problem in those who are unaware, and to help aware hypertensives understand their condition and maintain normal lives under daily treatment," (name) added.

May is National High Blood Pressure Month, and the (organization) is sponsoring several free activities throughout May to focus extra public attention on high blood pressure.

The (organization) urges the public to check their blood pressure regularly and maintain treatment.

Blood pressure is the force of blood pushing against the walls of the blood vessels. High blood pressure results when blood vessels become narrow, forcing the heart to pump harder to push blood through the body. High blood pressure has been cited as a major cause of stroke, heart attack, and kidney failure in (number) of (state/county/city) residents.

Doctors do not yet know what causes high blood pressure. They do know that high sodium intake, obesity, and lack of exercise contribute to the disease. Although there is no cure, the condition can be controlled through daily treatment that includes sodium reduction, weight loss, moderate exercise to help lose weight, and daily medication.

According to (name) , patients sometimes have trouble adhering to treatment because it requires a change in routine activities. Unwanted effects that occasionally occur from medication also deter treatment maintenance. "It takes a daily, lifetime commitment that many people tend to neglect," he/she said. "We would like to encourage citizens of (state/county/city) to make a special effort to watch their diets, exercise regularly, and take their medication daily."

# # #

NEWS RELEASE

FOR IMMEDIATE RELEASE

or

FOR RELEASE: (date and time)

(organization) SPONSORS FREE (event)

CONTACT: (name)
( ) (telephone number)

May is National High Blood Pressure Month, and the (organization) is launching a month of free health activities in recognition of the event with a (event) at the (where) (when) .

The (organization) is sponsoring the (event) and other activities to help focus public attention on high blood pressure. (name of state/county/city coordinator), coordinator of the (state/county/city) program, says public education can help (hundreds or thousands) of (state/county/city) residents who have high blood pressure understand their condition better and work harder to control it.

"We're trying to emphasize the realistic steps people can take to control their high blood pressure," (name) said. "We've learned a lot in recent years about the roles sodium reduction, weight loss, and exercise can play in high blood pressure control.

"Events, such as next week's (event) , in addition to ongoing community information programs, help to heighten public awareness of the serious risks involved with untreated high blood pressure," (name) said.

"We're making great progress with community health programs," added (name) , "as the increases in public awareness and behavior change illustrate.

"Compared to two years ago, the number of people in (state/county/city) staying on their treatment and reaching goal BP rose (percentage)," (name) said. "We want that increase to continue."

High blood pressure, or hypertension, is the leading cause of stroke in this country. If left uncontrolled, high blood pressure also can lead to heart attack, kidney failure, and death. But hypertensives who control their blood pressure can lead normal healthy lives. Treatment usually involves medication that must be taken daily in addition to lifestyle modifications for successful control.

(name) said (he/she) would like to encourage (state/county/city) residents to take part in next (date) 's (event) .

For more information on the (event) and other events this month, please contact (name) at (telephone number).

# # #

FACTS ABOUT HIGH BLOOD Pressure

- Approximately 58 million Americans have high blood pressure — almost 30 per cent of the adult population.
- Elevated blood pressures — if left untreated — can lead to stroke, heart failure, or kidney disease.
- Although more than one-half of all hypertensives are aware of their condition, only about 10 percent maintain treatment that keeps their blood pressure under control.
- Annually, high blood pressure is cited as the primary cause of 60,000 deaths due to strokes and as a contributing factor in 1.5 million heart attacks.
- Although high blood pressure usually has no physical symptoms and cannot be cured, it can be treated and controlled.
- Medical experts do not know the cause of most high blood pressure, but research findings suggest that excess sodium intake and obesity are often associated with the disease.

Facts About the National High Blood Pressure Education Program

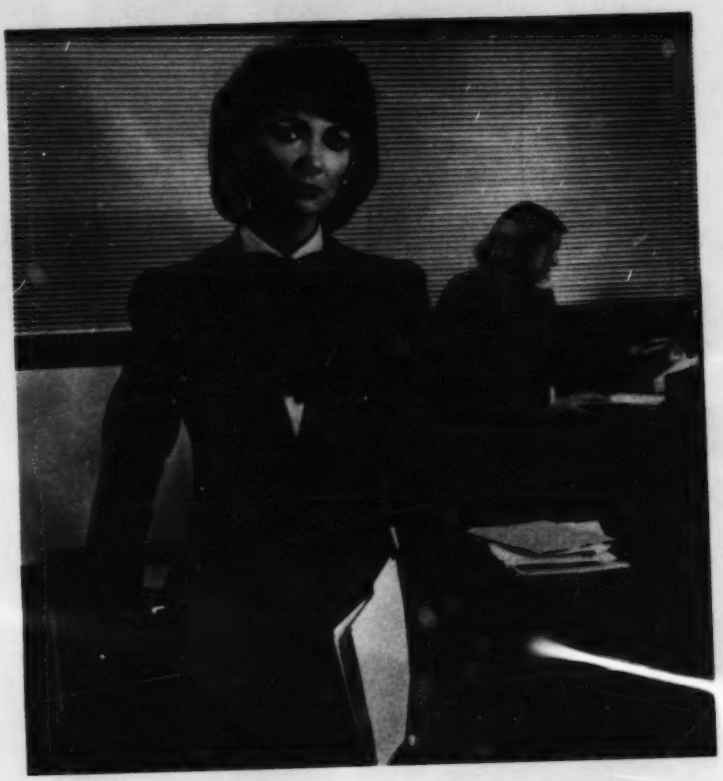
- The National High Blood Pressure Education Program (NHBPEP) — established in 1972 and coordinated by the National Heart, Lung, and Blood Institute — is a cooperative effort of federal, state, and community programs working to control high blood pressure through a program of public and professional education.
- In 1974, the NHBPEP first recognized May as National High Blood Pressure Month. Since then, organizations nationwide join the NHBPEP every May in promoting education efforts in their local communities. Special events — including health fairs, screening and referral programs, and public speaking engagements — help to heighten awareness and emphasize the importance of high blood pressure control.
- The NHBPEP includes all state health departments, numerous federal agencies, and more than 150 private-sector organizations such as professional societies, voluntary health associations, certifying and accrediting bodies, pharmaceutical companies, labor and management groups, and insurance companies.
- The NHBPEP focuses on increasing public and professional awareness of high blood pressure, its risk factors, and methods of control. The Program strives to reduce hypertension-related deaths and disability through improved detection and treatment efforts.
- The NHBPEP has achieved significant results, with stroke mortality dropping by more than 50 percent and heart attack deaths down by 30 percent after the first decade of the Program.

Facts About the (State/County/City) Program

(Complete to individualize your own program.)

(number) (state/county/city) area residents are estimated to have high blood pressure. Only (number) percent of people have their condition under control. (Name of program) is a (state/county/city) organization working actively in public health (issues/activities) for (number) years. The (name of program) provides (types of services) to help hypertensives understand and adhere to their treatment. As (job title) of the program, (name of program coordinator) acts as the local spokesperson for all 1986 National High Blood Pressure Month activities.

Part of taking care of business is taking care of my high blood pressure.

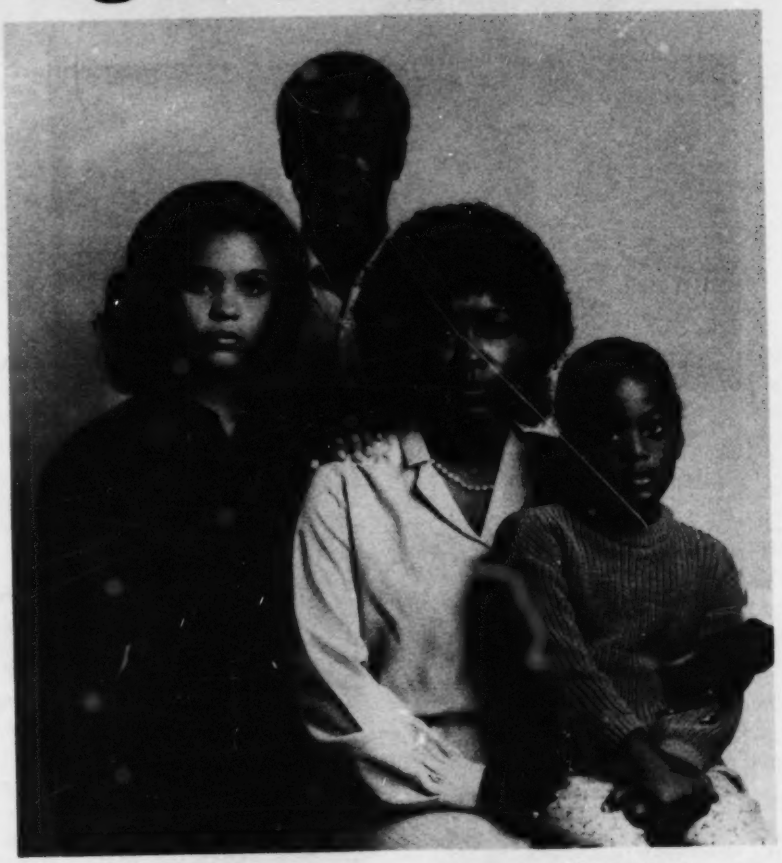


In my job I take care of a lot of things. Meetings, presentations, and the needs of a string of clients. So I've got a responsible job. I've also got high blood pressure. And I'm just as responsible in taking care of it. I take my blood pressure pills, watch my weight and go very easy on the salt. I consider taking care of my high blood pressure part of my job. After all, how can I do well unless I take care of myself?

HIGH BLOOD PRESSURE
Treat it for life.

The National High Blood Pressure Education Program
The National Heart, Lung, and Blood Institute, National Institutes of Health
Public Health Service, U.S. Department of Health and Human Services

My husband took good care of us. If only he'd taken care of his high blood pressure.



Looking back at it all, it just doesn't make any sense. We have everything we need except a husband and a father.

If you have high blood pressure, take your pills, watch your weight and the salt. And if you think that is too much trouble...well...you just don't know about the trouble you could be leaving behind.

HIGH BLOOD PRESSURE
Treat it for life.

The National High Blood Pressure Education Program
The National Heart, Lung, and Blood Institute, National Institutes of Health
Public Health Service, U.S. Department of Health and Human Services

NATIONAL HIGH BLOOD PRESSURE MONTH

PROCLAMATION

WHEREAS high blood pressure is a major cause of cardiovascular and related diseases, contributing to more than 770,000 deaths annually. . .

WHEREAS great progress has been made during the past 12 years in publicizing the dangers of uncontrolled high blood pressure and fostering improved control of the disease. . .

WHEREAS the thousands of national and local organizations and groups that work for high blood pressure control can be justifiably proud of the gratifying results they have helped to achieve. . .

WHEREAS a national survey has shown that more than 90 percent of adult Americans know that high blood pressure is a serious disease that cannot be cured, only controlled by continued treatment. . .

WHEREAS an estimated 58 million Americans have high blood pressure and although half of those with hypertension are aware of their condition, surveys show that only one in ten satisfactorily control the condition. . .

WHEREAS people with uncontrolled high blood pressure risk premature illness or death from coronary heart disease or kidney failure and people who effectively control the condition can lead normal, healthy lives. . .

THEREFORE as _____,
I hereby proclaim the month of May 1986 as National High Blood Pressure Month, and I strongly urge all civic, scientific, medical, educational, voluntary, and health care organizations and professionals to join me in using this month — and the months and years to come — to educate the public, patients, and health care professionals in the detection, treatment, and control of high blood pressure.

FURTHERMORE, I strongly urge you, my fellow citizens, to have your blood pressure checked regularly and, if it is high, seek and follow your physician's advice.

_____ _____

Signature Date

CERTIFICATE OF RECOGNITION

This is to recognize the volunteer contributions of

_____

to high blood pressure control in our community.

Volunteer efforts such as these are fundamental to program success in reducing death and disability related to high blood pressure.

This certificate is offered with appreciation and pride.

signed _____

signed _____

FOLD

FOLD

Control your
high blood pressure
by cutting down on salt.
Use spices to flavor your food,
and treat yourself to
life!

Try garlic
and lemon juice on fish;
curry, rosemary, and dill on poultry;
and parsley, oregano, and thyme
on vegetables and pasta.
You'll love the taste —
and the benefits will last
a lifetime!

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DISFRUTE DE UNA MEJOR VIDA

Millones de personas tienen alta presión de sangre. Lo bueno es que se puede controlar. Al controlar su alta presión, usted puede tener mejor salud y puede vivir mas años. Y lo bueno es que la alta presión se puede descubrir sin que usted sienta dolor.

Si su medico le receta medicina, usted debe seguir su consejo y tomar sus pildoras a la propia hora cada día. Si usted pierde peso y al mismo tiempo usa menos sal con su comida, a lo mejor puede bajar su presión de sangre y reducir las medicinas que tiene que tomar.

Muchas organizaciónes dentro de su comunidad necesitan voluntarios para ayudar a controlar la alta presión de sangre. Usted puede ayudar a reducir muertes y enfermedades en su comunidad. ¡Unase a este esfuerzo!

Millions of Americans have high blood pressure. The good news is that it can be controlled. One of the benefits of controlling high blood pressure is a longer and healthier life! And high blood pressure can be detected easily and painlessly.

If your doctor prescribes medication, follow his or her advice and take your pills on schedule every day. If you lose extra weight and cut down on salt, you may lower your blood pressure and be able to reduce your medication.

Many community organizations need volunteers to help in the effort to control high blood pressure. You can help reduce preventable deaths and illnesses in your community. Join the fight!

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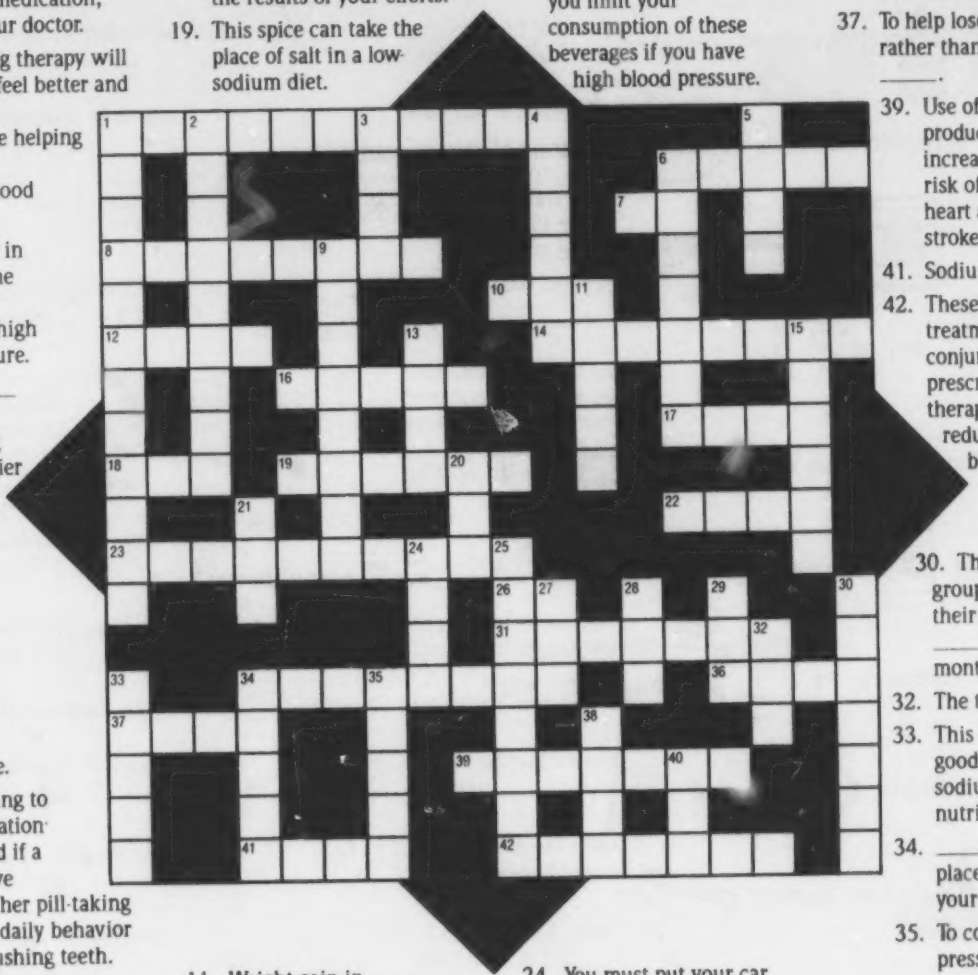
CROSSWORD PUZZLE

Across

1. High blood pressure increases the chances of having a _____ _____ (two words).
6. High blood pressure cannot be _____ , but it can be treated.
7. If you have a question about your medication, _____ to your doctor.
8. This nondrug therapy will help you to feel better and lose excess weight while helping to control your high blood pressure.
10. Consistency in therapy is the _____ to controlling high blood pressure.
12. Family _____ can help in establishing new, healthier habits.
16. and 14. _____ _____ to Life! (this year's National High Blood Pressure Month theme)
17. One way to reduce blood cholesterol is to eat _____ meats.
18. By working in cooperation with your doctor, you may _____ the results of your efforts.
19. This spice can take the place of salt in a low-sodium diet.
22. Even if you have severe high blood pressure, you may feel _____ because high blood pressure has no symptoms.
23. Lose weight if you are _____ to help keep your blood pressure down.
26. Errors excepted (abbrev.)
31. Experts recommend that you limit your consumption of these beverages if you have high blood pressure.
34. Blacks, persons with a family history of hypertension, and the elderly are at a _____ _____ of developing high blood pressure (two words).
36. It takes _____ to slowly change lifelong habits, but it's worth the effort for a healthier life.
37. To help lose weight, walk rather than _____.
39. Use of _____ products can increase your risk of having a heart attack or stroke.
41. Sodium chloride.
42. These types of treatments, in conjunction with prescribed drug therapy, can help reduce high blood pressure.



Down

1. High blood pressure.
2. Compliance.
3. Remembering to take medication is enhanced if a hypertensive _____ his/her pill-taking to another daily behavior such as brushing teeth.
4. This body organ can be damaged as a result of high blood pressure.
5. Nondrug and _____ therapies together can control high blood pressure effectively.
6. Live longer, _____ your high blood pressure.
9. To _____ your chances of living a long and healthy life, control your blood pressure.
11. Weight gain in _____ adults may lead to high blood pressure in later life.
13. A type of boat or fish.
15. Proper treatment of high blood pressure can help you live _____.
20. Isolated systolic hypertension (abbrev.)
21. Rather than _____, boil or steam your vegetables for fewer calories.
24. You must put your car into _____ to get anywhere.
25. A _____ of salt contains 2,000 mg. of sodium.
27. This animal is a source of low-fat meat.
28. Many Americans do this for exercise.
29. _____ cereals (except for "instant" cereals) are lower in sodium.
30. Those in high-risk groups should have their blood pressure _____ every six months.
32. The top of a jar.
33. This food group is a good source of low-sodium, low-calorie nutrition.
34. _____ can be used in place of salt to flavor your food.
35. To control high blood pressure, it may be necessary to get into the _____ of taking daily medication.
38. Your doctor will _____ you that smoking is hazardous to your health, especially if you have high blood pressure.
40. Walk to a nearby store rather than driving your _____ to help get in shape.

YOUR SODIUM SAVVY QUIZ

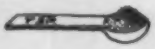
Circle the food in each question below that contains more sodium. (Hint: There may be some ties!) Answers and total milligrams of sodium for each food are listed on the following page.

1. 5 saltines or 1 slice of American cheese ?

2. milkshake or 1 french fries?

3. kosher dill pickle or sweet gherkin pickle?

4. old-fashioned oats or 1 packet of instant oatmeal?

5. One 10 oz. or ½  of table salt?

6. or 1 ?

7. Quarter-Pounder With Cheese or Big Mac?

8. Low-sodium or freshly ground, unsalted peanut butter?

9. cooked rice or seasoned rice mix?

10. seasoning or and ?

11. 1 oz. or one medium ?

12. 4 oz. hamburger meat or 2 slices of bologna?

13. ½ cup fresh or frozen cooked or ½ cup ?

14. ½ cup or ½ cup ?

ANSWERS TO YOUR SODIUM SAVY QUIZ AND CROSSWORD PUZZLE

You were right if you picked the following foods as highest in sodium:

1. 1 slice of American cheese (450 mg)

2. Regular size "fast food" french fries (201 mg)

3. Kosher dill pickle (515 mg)

4. 1 packet of instant oatmeal (300 mg)

5. ½ teaspoon of table salt (1,050 mg)

6. 1 "fast food" cherry pie (427 mg)

7. Quarter Pounder With Cheese (1,236 mg)

8. Low-sodium peanut butter (less than 10 mg) or peanut butter made from freshly ground, unsalted peanuts (less than 10 mg)

9. 1 cup cooked seasoned rice mix (600 mg)

10. Lemon pepper seasoning (805 mg)

11. 1 medium hot dog (450 mg)

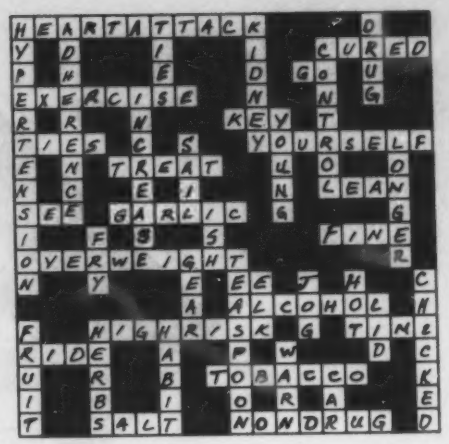
12. 2 slices of bologna (400 mg)

13. ½ cup canned green beans (350 mg)

14. ½ cup canned corn (350 mg)

You were wrong if you thought the following foods were highest in sodium:

1. 5 saltine crackers (165 mg)
2. "Fast food" milkshake (109 mg)
3. Sweet gherkin pickle (90 mg)
4. Old-fashioned oats (less than 5 mg)
5. 10 oz. can of soup (150 mg)
6. Regular size "fast food" french fries (201 mg)
7. Big Mac (1,010 mg)
8. Low-sodium peanut butter (less than 10 mg) or peanut butter made from freshly ground, unsalted peanuts (less than 10 mg)
9. 1 cup cooked rice (60 mg)
10. Squeeze of lemon and sprinkle of pepper (40 mg)
11. 1 oz. corn chips (245 mg)
12. 4 oz. hamburger meat (70 mg)
13. ½ cup fresh or frozen, cooked green beans (less than 10 mg)
14. ½ cup frozen, cooked corn (less than 10 mg)



"SODIUM BLUES"

1.
I used to be the most popular member of this family.
2.
Then Mr. Smith found out he had high blood pressure. To help control it, he cut down on salt.
CURRY
LEMON
3.
Next, Mrs. Smith and the kids decided to avoid me too.
4.
With everyone involved, no one was tempted to use salt and they all learned to enjoy spices like these.
5.
I suppose you think that's great. But let me tell you something: It's lonely in here.
6.
Now the whole family is healthier and Mr. Smith doesn't have trouble sticking to his new diet. He knows he'll be around longer to enjoy his family.

"THE LIVING IS EASY"

1.
Hi there.
I'm Frank Jones'
heart and the living is easy. But
it wasn't always like this.

2.
Frank had
high blood pressure —
but he didn't "have time" to
take his medication, exercise,
or watch his diet.

3.
I was worried.
We hearts don't last long under
pressure like that and I was
working
too hard.

4.
Then Frank
went to visit a
friend who had ignored her
high blood pressure. She was
in the hospital after suffering a
heart attack.

5.
That shaped him up. Now he
follows his treatment every
day and his blood pressure is
normal again.

6.
As long as
he stays on his treatment, I
can stop worrying and spend
my time on what's really
important: loving the rest of
my family.

ARE YOU A HIGH OR LOW SODIUM USER?

The following survey will help you decide whether you are a high or low sodium user. Decide how often you eat the foods listed below, and check the appropriate column.

	Always (more than 3 times a week)	*Often* (1 to 3 times a week)	*Rarely* (1 to 3 times a month)	*Never*
Entrees and Dinners				
Canned or dehydrated soup				
Frozen or canned dinners: beef stew, TV dinners, pizza, tacos, and enchiladas				
Meat, Fish, Poultry, and Meat Substitutes				
Canned meat, chicken, and turkey				
Meat spreads				
Canned fish in oil or brine: tuna, salmon, sardines				
Commercially prepared frozen poultry and fish: prebreaded fish, fish sticks, prebreaded chicken, and fried chicken				
Processed meats: luncheon meat, hot dogs, and sausage				
Cured meats: ham, bacon, and corned beef				
Soy products: imitation meats and sausages				
Canned beans and peas				
Vegetables				
Canned				
Frozen with sauces				
Vegetable juice				
Packed in brine (sauerkraut)				
Dairy Products				
Processed cheese and cheese spreads				
Cheese food				
Blue cheese and cottage cheese				
Buttermilk				
Bread and Grains				
Instant hot cereal				
Instant potatoes				
Seasoned rice and noodle mixes				
Snack and Dessert Foods				
Commercially baked products: cake, cookies, pies, pastries, doughnuts				
Salted crackers, chips, popcorn, and peanuts				
Condiments, Seasonings, and Sauces				
Catsup				
Barbeque sauce				
Steak sauce				
Gourmet mustards				
Meat tenderizer				
Table or sea salt				
Olives, pickles, and relish				
Commercially prepared salad dressing				
Fast Foods				
Deluxe hamburger and cheeseburger				
Fish and chicken sandwiches				
Egg McMuffins				

If you placed most of your checks in the "Rarely" and "Never" columns, congratulations! You are probably a Low Sodium User. If you placed many checks in the "Always" or "Often" columns, you can be classified as a High Sodium User. Below is a sample contract for changing you from a High Sodium User to a Low Sodium User. The low-sodium alternatives listed below can help you implement the contract.

Many of these choices contain sodium but are lower in sodium than those on the previous page.

For "homemade" dishes, simply follow your favorite recipe, cut salt in half, and consult seasoning chart to add new taste to old favorites.

Entrees and Dinners
homemade soups, dinners, etc.

Meat, Fish, Poultry, and Meat Substitutes
fresh or frozen meats, fish, and poultry
dried and cooked beans and peas
low-sodium processed meats

Vegetables
fresh vegetables
plain frozen vegetables
low-sodium, canned vegetables

Dairy Products
natural cheese
milk

Breads and Grains
regular hot cereal
instant hot cereal
plain potatoes, noodles, and rice

Snacks and Dessert Products
unsalted crackers, popcorn, chips, and peanuts
frozen desserts

Condiments, Seasonings, and Sauces
see seasoning chart
lemon, lime, and pepper
sweet pickles

Fast Foods
plain hamburger
salad bar
plain baked potato
small french fries

MY PERSONAL CONTRACT FOR Change

1. My high-sodium habits are: _____

2. Which of my high-sodium habits am I willing to change? _____

3. What will help me to change this habit? _____

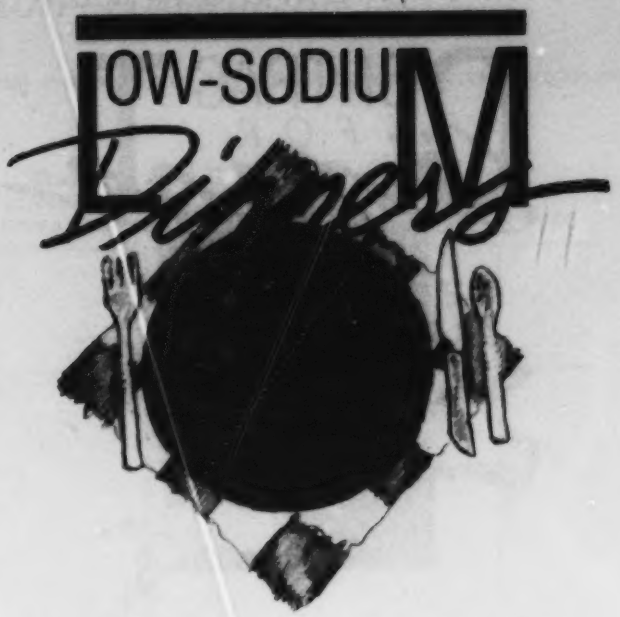
4. What problems do I anticipate in changing this habit? _____

5. What will I do to handle these problems? _____

6. Goal: I plan to _____ _____ days out _____ days. To achieve this goal, I need to: _____

7. If I am successful, my reward will be: _____

LOW-SODIUM Dinners



Menu 1

- **Vegetable Dip** (appetizer) with fresh raw vegetables
- Salad with **Oil and Vinegar Salad Dressing**
- **Chicken Broth** and unsalted crackers
- **Chicken With Tomato Sauce and Herbs**
- Boiled potatoes
- Steamed green beans

RECIPES FOR MENU 1

Vegetable Dip

1 8 oz. carton plain yogurt
2 tsp. dry mustard
¼ tsp. dill
⅛ tsp. ground pepper

Combine all ingredients and chill.

Yield: 1 cup.
Serving size: 1 tablespoon
Per serving: 7 calories; 7 mg sodium; trace fat; 1 mg cholesterol.

Oil and Vinegar Salad Dressing

3 tbsp. vegetable oil
5 tbsp. wine vinegar
6 tbsp. water
¼ tsp. celery seed
1 large clove garlic, crushed
pinch of sugar
1 tsp. oregano
⅛ tsp. ground pepper

Mix well, and store in refrigerator.

Yield: 1 cup
Serving size: 1 tablespoon
Per serving: 23 calories; 0 mg sodium; 2.5 mg fat; 0 mg cholesterol.

Chicken Broth

3 lbs. meaty chicken bones, such as neck
½ cup leeks, coarsely chopped, or an equal amount of onion
½ cup onion, coarsely chopped
½ cup carrots, coarsely chopped
1 clove garlic, left whole
6 peppercorns, crushed
1 bay leaf
½ teaspoon dried thyme
20 cups of water

1. Put the bones in a kettle, and add cold water to cover. Bring to a full rolling boil, and drain. Rinse the bones under cold running water until chilled. Drain.
2. Return the bones to a clean kettle, and add the remaining ingredients, including the 20 cups of water. Bring to boil, and simmer uncovered for 2 hours.
3. Strain and chill the broth. Skim and discard the fat from the surface, and use the broth as required.

Yield: 7 ½ cup servings.
Per serving: 45 calories; 7 mg sodium; trace fat; 1 mg cholesterol.

Chicken With Tomato Sauce and Herbs

6 large tomatoes, peeled, seeded, and chopped
1 medium onion, chopped
⅓ cup celery
2 tbsp. parsley, chopped
1 tsp. sugar
⅛ tsp. pepper
¼ tsp. basil
¼ tsp. oregano
1 garlic clove, minced
2 tsp. olive oil
2 lbs. chicken, skinned
1 tbsp. margarine or butter

1. Saute onion, celery, and garlic in oil.
2. Add tomatoes and seasonings. Simmer over medium heat for 20 minutes.
3. While sauce is simmering, saute chicken in skillet.
4. Transfer chicken into baking dish.
5. Pour sauce over chicken, and bake at 350° for one hour.

Yield: 8 servings.
Per serving: 201 calories; 102 mg sodium; 7 g fat; 99 mg cholesterol.

Menu 2

- **Gazpacho by the Cupful**
- Salad with **Lemon Salad Dressing**
- **Fish With Curry Sauce**
- Steamed brown rice

RECIPES FOR MENU 2

Gazpacho by the Cupful

1 medium tomato, peeled and diced
¼ cucumber, peeled and chopped
¼ green pepper, seeded and chopped
1 tbsp. onion, chopped
2 sprigs parsley, chopped
⅛ tsp. garlic powder
dash hot pepper sauce

1. Combine all ingredients in blender, and liquefy.
2. Chill and serve.

Yield: 1 cup serving
Per serving: 50 calories; 30 mg sodium; trace fat. Excellent source of iron, vitamin A, and vitamin C.

Lemon Salad Dressing

¾ cup vegetable oil
½ cup lemon juice
1 ½ tbsp. honey
½ tsp. tarragon
½ tsp. thyme
½ tsp. oregano
¼ tsp. pepper
1 garlic clove, crushed

Combine all ingredients, and shake well. Chill overnight, then remove garlic.

Yield: 1 ½ cups.
Serving size: 1 tablespoon.
Per serving: 75 calories; 0 mg sodium; 8 g fat; 0 mg cholesterol.

Fish With Curry Sauce

1 lb. fish (steak or other thick fish)
juice of 2 limes
1 tbsp. flour
1 tbsp. curry
½ tsp. dry mustard
¼ tsp. pepper
pinch each of thyme, mace, marjoram, ginger
1 tbsp. corn oil
1 apple, chopped
1 banana, sliced
1 medium onion, chopped
1 clove garlic, minced
1 bay leaf
1 cup red wine
½ to 1 cup water or stock
1 cup mushrooms, sliced
½ tsp. brown sugar
¼ cup raisins

1. Marinate fish in lime juice for 20 minutes.
2. Combine flour, curry, mustard, pepper, and spices. Set aside.
3. Saute apple, onions, garlic, bay leaf, and banana for 3-5 minutes.
4. Add dry ingredients. Stir until blended.
5. Stir in wine, water, mushrooms, brown sugar, and raisins. Simmer 5 minutes.
6. Place fish in greased baking dish. Bake at 400° for 10 minutes.
7. Pour sauce over fish, and continue baking for another 10 minutes.

Yield: 4 servings.
Per serving: 339 calories; 78 mg sodium; 5 g fat; 67 mg cholesterol.

KIT CONTENTS PART ONE PART TWO PART THREE

This year's National High Blood Pressure Month Kit contains a wealth of information on ways people with high blood pressure (HBP) can control the disease and reap the rewards. The kit is divided into three parts.

Part one, contained in the following pages, provides suggestions for planning your National HBP Month activities. Also included are tips for working with the media, methods of evaluating HBP Month activities, ways to continue HBP control efforts year-round, and a list of additional resources.

Part two, located in the front pocket of the kit, contains the following items that can be reproduced to ensure an immediate supply of patient, professional, and consumer materials for your activities.

- Fact Sheets
- Handouts for Patients, Consumers, and Health Practitioners
- Media Materials
- Supplementary Materials

Part three, located in the back of the kit, contains reproducible artwork for use in newsletters, etc., and an evaluation and order form for evaluating this year's kit and ordering free materials from the National High Blood Pressure Education Program.

INTRODUCTION

The theme for 1986 National High Blood Pressure Month is "Treat Yourself to Life." The contents of this kit are intended for use with hypertensive patients and suggest that a healthy and longer life is one of the rewards of adhering to treatment. This year's kit contains information and materials on actions hypertensives can take to control their high blood pressure (HBP) and reap the rewards. Community programs and health professionals can expect many benefits from participating in 1986 HBP Month, such as:

- Improving visibility for your HBP control program.
- Generating new ideas and revitalizing your program activities.
- Mobilizing local resources such as industry and voluntary groups to help in the effort to control HBP.
- Developing new working relationships with other organizations to offer special HBP activities and events in May.

The rewards may be lasting and can create new opportunities to cooperate.

By participating in HBP Month, you are joining thousands of others who make a special effort each year in May to emphasize HBP control. May 1986 is the 12th National HBP Month. This annual event, sponsored by the National High Blood Pressure Education Program (NHBPEP) Coordinating Committee, is a broad-based effort of a large number and variety of organizations across the Nation. The scope of HBP Month expands every year, with more than 200 separate organizations and more than 900 of their offices now participating. These organizations join you this year in focusing the attention of the public, health care professionals, and patients and their families on the rewards of high blood pressure control.

HOW TO USE THIS KIT

The 1986 National High Blood Pressure Month kit emphasizes rewards of promoting and participating in HBP control in your community. The following pages provide helpful hints on how to plan, implement, and evaluate your HBP Month activities. Suggestions for different types of activities are included, all of which are intended to help you be creative. Tailor our suggestions to your environment, or use them to generate your own ideas. (And let us know how they work!)

This year's kit also contains supportive materials, each requiring additional action by users. For example, most HBP Month kit materials are reproducible. By reprinting these materials yourself, you will have a ready supply of easy-to-use professional, patient, and consumer publications to start your activities immediately. These materials are bound into a separate booklet located in the front pocket of the kit.

These materials are only the beginning. The most important ingredients in HBP Month are you, your community, and your commitment to HBP control in May and all year long.

YEAR-ROUND ACTIVITIES

Controlling HBP is a year-round effort. Many events can be arranged to raise HBP awareness during May, but activities that continue the momentum can be scheduled during the other 11 months. Suggestions for activities include:

- Organizing a self-help group for hypertensives who will share ideas about changing their lifestyles.
- Finding health professionals to write newspaper or journal articles or to answer questions from readers in a regular column.
- Writing a message about HBP and having it printed on bookmarks or bumper stickers.
- Asking a local grocery to sponsor a blood pressure screening program. Provide volunteers to assist in reading and interpreting food labels for interested customers.
- Making certain people in your community know where they can get their blood pressure measured and how they can take their own blood pressure and that of others.
- Locating or starting an intergenerational program where young people and senior citizens can work together and assist with blood pressure monitoring.
- Obtaining an adequate supply of publications and posters from the NHBPEP and other organizations. Find new places to make these materials available to the public. Be sure that these items are available in quantity for large, public events.

Know the people and organizations involved in HBP activities. Keep the lines of communication open, and expand your network to help hypertensives stay on their treatment.

EVALUATION TECHNIQUES

Reviewing the results of previous HBP Month efforts can provide the basis for objective planning of new activities. Compare the results of each activity with its original intent, and determine the effectiveness of each activity. This ongoing process can provide further information for continuously refining and improving future efforts.

Identifying and diagnosing problems

The initial response to HBP Month activities may indicate a need for modification or adjustment. Be flexible. For example, low rates of success in finding undiagnosed hypertensives may indicate that screening sites or promotion strategies should be changed to match the target population.

Selecting effective activities

When decisions are made to repeat certain HBP activities, those that were most effective and best received by the specific target audience are usually at the top of the list. By carefully observing the elements that contributed to the success of a given activity, program administrators often can improve less effective HBP activities and advise other community groups that are planning similar projects.

Evaluating educational efforts

The effects of educational efforts, such as patient or consumer HBP education classes, may not be as easy to measure as some other activities. However, you can still learn from them and improve future educational efforts. For example, give the participants a simple question-and-answer quiz before and after the class to determine their understanding of the material presented. Pay attention to informal feedback from participants and staff to gain information about how your activities are received.

Gaining and maintaining support

You can use information collected on the effectiveness and usefulness of your activities to demonstrate your progress and accomplishments to funding sources, consumers. business leaders, and other program constituents. You may gain additional support and funding for your activities by presenting evaluation information in a written or oral report to these groups.

Cooperating with others

Lessons learned about local response to activities or problems in service delivery can and should be shared with other organizations working in your community. Cooperation with other local groups improves areawide HBP control and prevents duplication of effort.

In summary, the evaluation information gained from your HBP activities will enhance the quality of your decisions about future projects. Learning from the results of past projects allows you to improve your procedures, allocate resources more effectively, work more efficiently with local organizations, and increase your credibility in the community. For more information on evaluation, a new guide entitled *Measuring Progress in HBP Control: An Evaluation Handbook* is available from the NHBPEP. (See the Evaluation and Order Form in this kit for ordering information.)

WORKING WITH THE MEDIA

The activities suggested are important mechanisms for spreading the word about high blood pressure control. However, interest and participation in your activities will depend on how well you publicize the events. By working with your local media, you can improve the effectiveness of your program and increase awareness of your organization's commitment to HBP control.

The channels for publicizing your message are often close at hand, and spring is the ideal time to approach the media with HBP news. The following tips will prove useful in working with the media and generating publicity for individual activities and for your program as a whole during May and throughout the year.

Develop a Media List

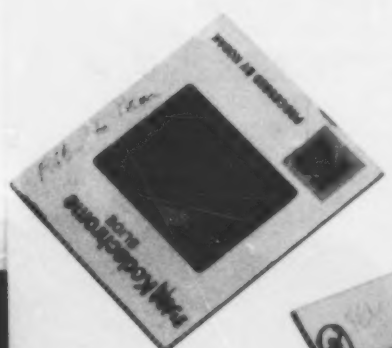
The first step in any media relations work is getting organized. Start by gathering a comprehensive list of the media in your area, using the local media directories in your town's library or personnel at the local chamber of commerce for listings.

Organize your list by the type of media — radio and television stations, newspapers, magazines, and community newsletters. Note the address and telephone number of each entry, and list the specific producers, editors, and reporters by name, noting their specializations when possible. For example, there may be health and nutrition writers at your local newspaper. If smaller daily and weekly papers do not have specific reporters assigned to cover these topics, contact the assignment or city editors. Other names important to note for broadcast media are those of public affairs, public service, and news directors. Take the time to call each publication and broadcast station to determine the names of these media contacts. Once you have compiled a media list, be sure to update it periodically.

Establishing your list of contact names is only the first part of the organizational process. A comprehensive list indicates almost at a glance the extent to which the contacts can be used in your media relations efforts. Accomplishing this requires noting details about each contact and their programming or editorial requirements.

If broadcast stations air public affairs programs, note whether the shows are live or taped, when they air, and if they accept guests. If they don't accept guests, suggest a call-in show on high blood pressure. Be sure to inquire about their public service announcement (PSA) schedule, and use the announcements made available in the enclosed media materials.

For publications on your list, include copy deadlines, publication dates, and specialized sections focusing on health, food, or lifestyle. This information will give direction to your media efforts and will enhance the coverage your program receives.



Approach the Media

Your next step is the most important aspect of media relations. Members of the media are generally very busy. They will be more interested in your information if you are brief, to the point, and provide news of interest to their readers. The news releases included in this kit are written so you can tailor them to your local area. Take advantage of the opportunities of National High Blood Pressure Month to gain publicity for your program and to increase community awareness of new developments in HBP control.

- Reproduce news releases or PSAs on your organization's stationery.
- Follow the format indicated, and make sure everything you send out looks *perfect*. Check for misspellings and typos.
- Address all materials to the specific names you compiled through your directory research and telephone calls.
- Include relevant background information if necessary to communicate the complete story.
- Allow four to seven days for the materials to arrive, and then call each person to whom it was sent. Ask if they received the information. If they haven't, briefly explain the gist of your story. If they have, offer your assistance in answering any questions they might have.
- Highlight points that emphasize the importance of this information to the community.
- Suggest an interview with a local expert on high blood pressure control, if appropriate.
- Thank contacts for their interest and time, especially if a story is aired or printed.

Schedule Talk Show Placements

Television and radio talk shows and public affairs programs are ideal channels for creating awareness. Experts on hypertension issues, organizers of special health events, and nurses who monitor progress in hypertension control are good examples of appropriate guests. Approach program producers with your ideas for guests using these guidelines.

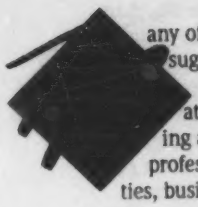
- Send a concise letter introducing your group, spokesperson, and subject.
- Call your contact to ensure that he or she has received the materials.
- Expand on the importance of the issue to the community during your call.
- Elaborate on your spokesperson's expert knowledge of the subjects at hand.
- Ask if the producer has any available time to interview your spokesperson.
- Confirm a date for airing or taping.
- Thank your contact with a note after the interview.

Arrange Public Access Cable Programming

Cable television presents unique opportunities for communities outside larger media market areas. Use of public access stations is growing in popularity as more and more viewers tune in to special cable television programs. If you are served by cable television, consult a source such as your local chamber of commerce to determine who the cable franchiser is in your area. Then contact the operator to determine if they provide community programming. If they do, the operator can probably help your group produce a program, usually free of charge. Operators may schedule a regular program on health issues, for which your group can assist with topic suggestions, guest scheduling, etc.

Each of these media channels — publications, radio and television stations, and cable systems — can help you spread the news about high blood pressure control and upcoming events. Follow these guidelines, and use the media materials we have provided with this kit. By working with the media, you can make this May the most successful National HBP Month ever and help people throughout your community learn how to treat themselves to life.

SUGGESTED ACTIVITIES



Many of the activities suggested in this kit will be appropriate for the following audiences: health professionals and facilities, business and industry, and community group programs. You and your organization will want to select activities that meet the needs of the people you want to reach. Projects should be practical and should directly serve and affect your intended audience.

Most of the suggestions in this guide require advance planning and thoughtful execution. You will need time, help, and commitment from others to carry out your plans. Most likely, you will begin by thinking of many more ideas than you can possibly accomplish. Limit your final choices to those yielding the most results where you most need them. A few well-planned projects will have the most impact. Keep records of how you organized your activities, and document the results. This will help you to repeat the process and to tell others about your success.

The following three categories constitute audiences for your HBP Month activities. Once reached, however, they become potential partners in your HBP control efforts.

Health Professionals and Facilities

- Schedule a forum during HBP Month to present the latest guidelines for the diagnosis, treatment, and prevention of HBP or to address one or more major issues facing professionals as they work with treated patients.
- Target special messages to HBP patients encouraging each to "Treat Yourself to Life" by following their doctors' advice, taking their prescribed medications, and making healthy changes in their lifestyles.
- Develop a list of ongoing community activities that professionals can use to help their HBP patients with nonpharmacologic approaches, e.g., classes on smoking cessation, exercise to lose weight, and cooking with low or no salt.
- Arrange for one or more resource persons (e.g., physician, nutritionist, patient educator, nurse clinician, pharmacist, or dietitian) to speak to professional organizations about particular aspects of HBP control.
- Arrange to show a film or videotape addressing some aspects of HBP control.
- Place articles about high blood pressure in local health professional newsletters and journals. Remember to include the names of the participating organizations and sponsoring individuals so that interested readers can obtain additional information.
- Approach local radio or television stations about airing live, phone-in programs where panels of medical experts can answer questions from the audience about HBP.

Business/Industry

- Reproduce materials from the HBP Month kit (e.g., payroll stuffer and pamphlets), and distribute them as handouts to management and/or employee groups. Print articles in employee newsletters.
- Display materials from the HBP Month kit in the cafeteria and hallways and on bulletin boards where employees congregate.
- Post listings of times and places where employees can have their blood pressure measured free of charge.
- Sponsor "brown bag" seminars once a week during May (or once a month all year), and invite resource persons to speak about diet, exercise, and other aspects of HBP control.
- Organize employee classes in exercise, smoking cessation, or healthy cooking before and after work.
- Integrate your programs for employees with other community resources. For example, bring some of the educational programs from the American Heart Association and the American Red Cross to the worksite.
- Make "heart-healthy" foods available in your cafeteria and vending machines, and provide printed information or signs about their caloric content.
- Work with county or local medical societies to coordinate a screening program for employees to have their blood pressure measured at the worksite. Consult the American Heart Association about their "Heart at Work" program.

Community Groups

- Organize an open house or other awareness activity to focus on your organization's effort to detect and control HBP in the community. You may be able to coordinate this with other agencies, hospitals, or community organizations. Remember that the more people involved in this effort will result in more hypertensives being reached.
- Schedule radio, television (public, network, or cable), or newspaper interviews for community program leaders or health professionals to address the theme and goals of 1986 HBP Month.
- Hold a town meeting where state officials, business leaders, members of the medical community, and consumers can talk about 1986 HBP Month.
- Make educational materials available at libraries, grocery stores, church groups, schools, etc.
- Find new ways to reach high-risk individuals to see if they are controlling their HBP (e.g., truckstops, unemployment offices, motor vehicle administrations, fire stations, barber shops, church-sponsored screenings, etc.).

Other Groups

Other groups may want to work with you on educational activities during HBP Month and throughout the year. You may wish to contact other organizations to join in your HBP control efforts. Suggested organizations, to name just a few, include: civic groups, community health centers, cooperative extension services, health professional schools, professional organizations, rural organizations, churches, and synagogues.

PLANNING HBP ACTIVITIES

The theme for 1986 National High Blood Pressure Month, "Treat Yourself to Life," offers voluntary agencies, health care organizations, and other groups the opportunity to spread a positive message to patients and the public about the benefits of improving health and lifestyle while controlling high blood pressure. The following planning tips will help you communicate this message to organizations and individuals in your community.

Know Your Network

Find out which groups in your community are involved in HBP control. Remember to survey the public, private, and voluntary sectors. List the kinds of services they provide, the populations they serve, and any other important information you can obtain. This first step may help to identify potential collaborative efforts, provide you with additional resources, and eliminate duplication of activities.

Cooperate and Coordinate

Reach out to meet and exchange ideas and program details with these groups. In doing so, you will set the foundation for working together during HBP Month and, ideally, all year long.

Focus Your Activities

Determine which activities your program is able to offer to meet the community's needs and complement other HBP control efforts. For example, additional detection and referral sites may be needed in communities with significant numbers of persons at high risk for HBP (e.g., the elderly and minorities). Carefully consider those activities that are manageable and practical and can be completed in the available time.

Plan Together

Together with other participating groups, agree on the most useful activities for the identified target audience. Involve all the participants in planning and execution. Some activities will require several months of advance planning. You will need to:

- Schedule, recruit, orient, and train volunteers needed to staff classes, presentations, or detection activities.
- Reproduce materials from this HBP Month kit, ordering additional materials well in advance from the NHBPEP and other sources, and distribute them to stimulate interest and inform others.
- Include HBP information in regularly scheduled communications (e.g., mailings, payroll checks, and insurance or utility bills) when appropriate.
- Call or visit editors and writers of newspapers and newsletters to place articles from the kit. Find out publication deadlines, and be prepared to meet them.
- Schedule radio, television, and newspaper interviews for resource persons to talk about HBP. Or provide live announcer copy to selected radio stations serving your target audience.

Support treated hypertensives all year in their effort to make difficult lifestyle changes. Changing lifestyle remains the single greatest challenge in HBP control today.

Use the "Treat Yourself to Life" theme throughout the year to draw public or media attention to high blood pressure control. The activities and effort needed to increase the number of hypertensives reaching goal blood pressure are needed all year.

ADDITIONAL RESOURCES

Materials Available From Other Sources

Patient and Consumer Materials

Cooking Without Your Salt Shaker
(book, 145 pages, 1979)

Distinguishes between salt and sodium. Suggests that reducing amount of sodium in foods, changing kind of fat, and decreasing amount of fat and cholesterol in diet will help reduce cardiovascular risk factors, including high blood pressure — a leading cause of heart and kidney disease, stroke, and heart attack. Contains tested recipes for low-salt and fat-modified appetizers, entrees, desserts, and snacks.

Availability:
local and state affiliates
American Heart Association
Order no. 53-002-A
Cost information available from local and state affiliates

Eating for Your Health: A Guide to Food for Healthy Diets
(pamphlet, 16 pages, 1984)

Utilizes color and large print to provide information for elderly persons on reading food labels, using unit pricing, and keeping daily food charts. Gives background information for those on special diets (i.e., low-sodium, low-calorie, low-fat, or low-sugar). Provides a few recipes, and lists a number of additional resources for information.

Availability:
American Association of Retired Persons
1909 K Street, N.W.
Washington, D.C. 20049
(202) 728-4450
Free, single copies

The Facts About How to Stay on Your High Blood Pressure Treatment
(leaflet, 6 pages, 1980)

Answers questions about relationship between high blood pressure and medication, salt, diet, smoking, exercise, and doctor's appointments. Provides space to record high blood pressure reading, name of medication, and side effects of medication.

Availability:
National Kidney Foundation of Iowa, Inc.
8611 Hickman Road
Des Moines, Iowa 50322
(800) 532-1177 in Iowa
(515) 276-3600 outside Iowa
Free, single copies; $8 per 100 copies

High Blood Pressure and You
(pamphlet, 6 pages, 1979)

Defines high blood pressure, essential and secondary hypertension, and some causes. Briefly discusses general prevalence of high blood pressure, complications that may occur if left untreated, asymptomatic nature, and medications and some side effects. Lists steps for hypertensive patients to take.

Availability:
American Heart Association
Maryland Affiliate, Inc.
415 N. Charles Street
P.O. Box 17025
Baltimore, Maryland 21203
(301) 685-7074
Free, limited quantities

Potassium Food Sources for People With High Blood Pressure
(leaflet, 4 pages, 1983)

Discusses importance of potassium to persons on high blood pressure medication. Lists foods high in potassium and low in sodium that can be included in well-balanced diet. Includes number of servings, amounts of potassium and sodium, and caloric content. Provides four high-potassium, low-sodium recipes.

Availability:
Milwaukee Blood Pressure Program
City of Milwaukee Health Department
7630 West Mill Road,
Room 204
Milwaukee, Wisconsin 53218
(414) 353-1660
Free, up to five copies

Watch Your Blood Pressure!
(booklet, 28 pages, revised 1983)

Defines and describes blood pressure; its variability; systolic and diastolic readings; and essential, secondary, and accelerating hypertension. Discusses asymptomatic nature of high blood pressure; prevalence by age, sex, and race; contributing factors; risk reduction; and methods of treatment, including medications and side effects, diet, and exercise. Stresses need to follow treatment regimen, and provides patient guidelines for high blood pressure control.

Availability:
Public Affairs Committee, Inc.
381 Park Avenue South
New York, New York 10016
(212) 683-4331
$1; bulk rates available

We're Taking Care of Ourselves . . .
(leaflet, 4 pages, 1984)

Contains quotes from black Americans encouraging readers to take their blood pressure medication every day, get their blood pressure checked regularly, stay away from greasy foods, go easy on salt, and stay active.

Availability:
American Heart Association of Greater Miami
5220 Biscayne Boulevard
Miami, Florida 33137
(305) 751-1041
Free, single copies; $3.50 per 100 copies

Other Sources of Information

The following resources provide information services, such as publications and referrals, to both consumers and health professionals. Please contact the organization *directly.*

American Heart Association
local and state affiliates

Provides information and referral services. Other community service programs include: diet and nutrition counseling; blood pressure screening; CPR training; smoking withdrawal clinics; information on emergency medical services, stress-testing facilities, and exercise programs; and stroke rehabilitation programs.

Consumer Information Center
Pueblo, Colorado 81009
(202) 566-1794

Distributes consumer publications on topics such as children, food and nutrition, health, and weight control. The *Consumer Information Catalog* is available free from the center and must be used to identify requested publications.

Food and Drug Administration
Office of Consumer Affairs
Public Inquiries
5600 Fishers Lane (HFE-88)
Rockville, Maryland 20857
(301) 443-3170

Answers consumer inquiries and serves as a clearinghouse for its consumer publications on a variety of topics including vitamins, food additives, and minerals.

National Health Information Clearinghouse
P.O. Box 1133
Washington, D.C. 20013-1133
(800) 336-4797 outside Virginia
(703) 522-2590 in Virginia

Helps the public locate health information through identification of health information resources and an inquiry and referral system. Health questions are referred to appropriate health resources that, in turn, respond directly to inquirers.

EVALUATION AND ORDER FORM

High Blood Pressure Information Center
120/80 National Institutes of Health
Bethesda, Maryland 20892
(301) 496-1809

(All items are free. Please allow 6 weeks for delivery.)

Name _____ Organization _____

Street _____

City/State/Zip Code _____

Telephone No. (Include area code) _____

Please complete this section and return, even if you are not ordering additional materials.

1. What type of organization best describes your program setting? (check the appropriate response)

☐ Health Department
☐ Hospital
☐ Educational Institution
☐ Nursing Home
☐ Business or Industry
☐ Civic or Service Group
☐ Voluntary Health Agency
☐ Neighborhood Health Center
☐ Armed Forces
☐ Professional Association
☐ Solo or Group Medical Practice
☐ Other (specify) _____

2. Does your organization target its high blood pressure control activities toward any of the following special populations? (check all that apply)

☐ Elderly
☐ Rural Populations
☐ Minorities
☐ Employees
☐ Youth
☐ Other (specify) _____

3. How many years has your organization participated in National High Blood Pressure Month? (check the appropriate response)

☐ This Is Our First Time
☐ 1-3 Years
☐ 4-6 Years
☐ 7 Years or More

4. What blood pressure activities does your organization provide? (check all that apply)

☐ Professional Education
☐ Patient Education
☐ Public Education
☐ Detection
☐ Referral and Follow-up
☐ Other (specify) _____

5. Do you conduct these activities year round or only during May? (check appropriate response)

☐ All Year
☐ Part of Year
☐ May Only

6. How useful are the items in the National High Blood Pressure Month Kit to your organization? (circle one response for each type of material)

Type of Material	*Very Useful*	*Not Useful*	*Useful*
a. Activity Guide	1	2	3
b. Media Tools	1	2	3
c. Filler Articles	1	2	3
d. Reproducible Pamphlet	1	2	3
e. Tent Card	1	2	3
f. List of Materials Available From Other Sources	1	2	3
g. Crossword Puzzle	1	2	3
h. Cartoons	1	2	3
i. Quiz			

7. Will your organization place a special emphasis on any of the following issues for your National High Blood Pressure Month activities? (check all that apply)

☐ Nondrug Therapy
☐ Patient Adherence
☐ Risk Factor Assessment
☐ Rewards for Treating High Blood Pressure

8. Do you have any suggestions for ways we could improve the National High Blood Pressure Month Kit?

_____

_____

_____

MATERIALS FOR PATIENTS AND CONSUMERS

Note on Selecting Patient and Consumer Materials

Reading level indications for pamphlets were calculated using the SMOG Readability Formula. The levels roughly correspond to these grade levels: Very Easy, grades 6-7; Easy, grade 8; Average, grades 9-10; Fairly Difficult, grades 11-13.

Quantity Ordered — *Pamphlets*

83-2024 — **Blacks and High Blood Pressure* (brown and grey, 8 pages) Describes high blood pressure, its importance to blacks, the need for treatment, and the role of the patient's family. Very easy reading level.

84-1459 — **Questions About Weight, Salt, and High Blood Pressure* (black, white, and pink, 10 pages) Describes what is known about the relationship between certain diet changes and high blood pressure. Average reading level.

_____ — *High Blood Pressure & What You Can Do About It* (orange, blue, and white, 32 pages) Describes nature and measurement of blood pressure, both normal and high, with discussion of drug treatment and side effects as well as lifestyle changes that may be recommended. Fairly difficult reading level.

_____ — **High Blood Pressure: Things You and Your Family Should Know* (4 pages) Describes high blood pressure, its treatment, the need to follow doctor's advice, and the role of the patient's family. Very easy reading level.

_____ — **Alta Presion de la Sangre* (4 pages) Spanish version of *High Blood Pressure: Things You and Your Family Should Know.*

Quantity Ordered — *Posters*

_____ — **Life Savers* (16" x 20") Full-color poster describes a variety of actions needed to maintain one's high blood pressure treatment regimen.

_____ — **Some Hints for People Who Take High Blood Pressure Medicine* (12" x 18") Colorful poster reminds patients to take medication and to talk with their doctor, nurse, or pharmacist when questions arise.

_____ — **Tomorrow* (17" x 22") Four-color poster encourages people to treat their high blood pressure for life — beginning today.

_____ — **Treat Yourself to Life* (17" x 22") color poster encourages people to control their high blood pressure by eating healthy foods.

_____ — **Their Future Is in Your Hands. Treat Your High Blood Pressure Every Day.* (16" x 20") Five full-color posters depict children representing various ethnic and geographic groups. Poster may be ordered for the following groups:

_____ Blacks
_____ Hispanics
_____ Native Americans
_____ Rural Populations
_____ U.S. Asians and Pacific Islanders

MATERIALS FOR PROFESSIONALS

These materials are designed for use by health professionals in conjunction with professional education programs or as program planning resources.

Quantity Ordered

82-2333 — **Community Guide to High Blood Pressure Control* (137 pages) Summarizes approaches to program development, examines education and patient tracking, and discusses funding.

_____ — **NHBPEP Coordinating Committee Statement on High Blood Pressure Control in the Workplace* (8 pages) Recommends action steps for successful workplace high blood pressure control programs, and suggests resources to assist in program development.

83-1125 — **Worksite High Blood Pressure Control Programs: An Introduction* (blue and orange, 8 pages) Discusses economic costs of cardiovascular disease, requirements for effective company high blood pressure control programs, and how to start a program for employees.

_____ — **Measuring Progress in High Blood Pressure Control: An Evaluation Handbook* (50 pages) Presents a straightforward methodology in clear language on how to evaluate a high blood pressure control program.

Quantity Ordered

_____ 85-2118 **The Public and High Blood Pressure: Six-Year Followup Survey of Public Knowledge and Reported Behavior* (134 pages) Compares results of 1973 and 1979 nationwide surveys of public knowledge, attitudes, and reported behavior concerning high blood pressure.

_____ 83-2269 **Report of the Working Group on Critical Patient Behaviors in the Dietary Management of High Blood Pressure* (46 pages) Describes necessary actions that hypertensives and health professionals can take that will help achieve greater success in sodium restriction and weight management.

_____ **Hypertension Prevalence and the Status of Awareness, Treatment, and Control in the United States* (16 pages) Presents the methodology and results of a current estimation of the magnitude of the hypertension problem in the United States.

_____ **Collaboration in High Blood Pressure Control: Among Professionals and With the Patient* (4 pages) Position statement by the NHBPEP Coordinating Committee discusses the benefits of collaboration among professionals and with patients.

_____ 81-2204 **Patient Tracking for High Blood Pressure Control* (66 pages) Outlines procedures for planning and operating a patient tracking system for improved control of high blood pressure.

_____ 84-1271 **The Physician's Guide: How to Help Your Hypertensive Patients Stop Smoking* (24 pages) Shows what every physician can do within a busy office practice to persuade hypertensive patients to stop smoking.

_____ 85-1244 **Printed Aids for High Blood Pressure Education: A Guide to Evaluated Publications* (123 pages) Describes and evaluates high blood pressure education materials available from a variety of sources.

_____ **NHBPEP Coordinating Committee Statement on Devices Used for Self-Measurement of Blood Pressure* (4 pages) Updates the 1980 NHBPEP *Report on Blood Pressure Measurement Devices Used by Consumers.* Presents benefits and concerns regarding three types of devices: home blood pressure measurement devices, stationary or coin-operated machines, and ambulatory or 24-hour blood pressure monitors.

_____ **NHBPEP Coordinating Committee Statement on Hypertension in the Elderly* (8 pages) Discusses elevated blood pressure and diastolic and systolic hypertension in the elderly, based on findings of the Hypertension Detection and Follow-up Program.

_____ *The State Legislature and High Blood Pressure Program Funding* (6 pages) Explains how to work with state and federal legislators to promote funding and support for high blood pressure control programs.

OTHER MATERIALS

Quantity Ordered

_____ **Down With High Blood Pressure* (lapel stick-on badge, 2" diameter) Red-and-white badge with message and high blood pressure symbol. Useful for screenings, patient education, meetings, etc.

*May be reproduced

For more than sample copies of any item, please tell us (on a separate piece of paper) about:

1. Your planned 1986 National High Blood Pressure Month activities.
2. The audiences for whom the materials are intended.

For More Information

In addition to distributing materials listed here, the High Blood Pressure Information Center serves as a central national clearinghouse for information on various aspects of high blood pressure control.

High Blood Pressure
Information Center
120/80 National Institutes of Health
Bethesda, Maryland 20892
(301) 496-1809

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